

FORM 531

REFER TO INSTRUCTION SHEET

CITY OF BETHLEHEM TAX BUREAU

10 E. CHURCH STREET BETHLEHEM, PA 18018
 MAILING ADDRESS: P.O. BOX 500 BETHLEHEM, PA 18016-0500
 (610) 865-7022 TDD (610) 865-7015 WWW.BETHLEHEM-PA.GOV

Mail your return in the pre-addressed envelope. Before mailing, check the correct box on the top of the envelope.

FINAL INDIVIDUAL EARNED INCOME TAX RETURN

CALENDAR YEAR

PLEASE FILE THIS RETURN AND INCLUDE ALL NECESSARY SCHEDULES ON OR BEFORE APRIL 15. ANY BALANCE OF TAX DUE SHALL BE REMITTED IN FULL WITH THIS RETURN.

SOCIAL SECURITY NO. _____

MUNICIPALITY _____

TELEPHONE _____

FULL YEAR RESIDENT YES NO

PARTIAL YEAR RESIDENT - PLEASE COMPLETE ADDRESS INFORMATION BELOW.

IF YOU MOVED DURING THE YEAR, COMPLETE THE FOLLOWING	FORMER ADDRESS - INCLUDE STREET OR ROAD, CITY AND STATE	DATES AT FORMER ADDRESS FROM _____ TO _____		
	CURRENT ADDRESS - INCLUDE STREET OR ROAD, CITY AND STATE	DATES AT CURRENT ADDRESS FROM _____ TO _____		
PRINT EMPLOYER	ADDRESS (USE WORKSHEET ON BACK IF MORE THAN ONE EMPLOYER)	LOCAL TAX WITHHELD \$	TOTAL W-2 EARNINGS \$	TOTAL 1099 EARNINGS \$

A COPY OF FORM W-2 FOR EACH EMPLOYER MUST BE ATTACHED				
1	TOTAL GROSS EARNINGS FROM W-2'S		1.	\$
2	LESS: Allowable non-reimbursed employee business expenses (attach PA UE-2)	2.	\$	
3	TAXABLE W-2 EARNINGS (Subtract line 2 from line 1)	3.	\$	
4	OTHER TAXABLE EARNED INCOME - DO NOT ADD INTEREST, DIVIDENDS OR 1099-G INCOME	ATTACH FORM 1099 OR EXPLAIN		4.
5	TOTAL TAXABLE EARNED INCOME (Add lines 3 and 4)	5.	\$	
6	NET PROFIT - Include PA Schedule C, F, RK-1 and/or NRK1 - PA SCH C-F NOT ACCEPTABLE	6.	\$	
7	NET LOSS - Include PA Schedule C, F, RK-1 and/or NRK1 - PA SCH C-F NOT ACCEPTABLE	7.	\$	
8	SUBTOTAL (Subtract Line 7 from Line 6) If less than zero, enter zero	8.	\$	
9	TOTAL EARNED INCOME - Subject to this tax (Add lines 5 and 8)	9.	\$	
10	TAX LIABILITY - Line 9 multiplied by tax rate of 1% (.01)	10.	\$	
11	(a) Quarterly Estimated Payments	11A.	\$	PLEASE DO NOT ROUND TAX AMOUNTS
	(b) Earned Income Tax Withheld - per W-2(s)	11B.	\$	
	(c) Credit from Last Year (If Credit Due)	11C.	\$	
	(d) Misc. Credit (i.e. Phila Tax or Out of State Tax)	11D.	\$	
12	TOTAL OF LINES 11A + 11B + 11C + 11D	12.	\$	
13	REFUND/ CREDIT (Line 12 minus line 10) Enter amount and check box <input type="checkbox"/> Credit to Next Year. Refund <input type="checkbox"/>	NO REFUND OR CREDIT IF LESS THAN \$1.00		13.
14	TAX DUE (Line 10 minus Line 12)	AMOUNTS LESS THAN \$1.00 NEED NOT BE PAID		14.
15	INTEREST (6% per year) + PENALTY (1/2% per mo.) + LATE FILING FEE (\$10) AFTER APRIL 15	15.	\$	
16	TOTAL AMOUNT DUE (Line 14 + line 15)	16.	\$	

*****EXTENSIONS FOR FILING MUST BE RECEIVED BY CITY OF BETHLEHEM TAX BUREAU ON OR BEFORE APRIL 15TH*****

ATTACH APPROPRIATE COPIES OF STATE SCHEDULES AND/OR ALL W-2 FORMS

MAKE CHECKS PAYABLE TO CITY OF BETHLEHEM. A FEE OF \$25.00 WILL BE CHARGED FOR RETURN CHECKS.

I declare, under penalties of perjury that I/we have examined this return, and to the best of my knowledge and belief, is a true, correct, and complete return.

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF PREPARER (If other than taxpayer)

DATE

EMPLOYMENT WORKSHEET

Employer's Name and Address	Dates Employed This Year From To	Gross W-2 Earnings	Gross 1099 Earnings	Earned Income Tax Withheld
TOTALS				

WORKSHEET FOR INDIVIDUALS EMPLOYED IN DELAWARE AND/OR NEW YORK

(See Instructions line 12)

EARNED INCOME: Taxed in other state as shown on the state tax return. (1) _____

Credit will be disallowed if copy of state return is not attached. X _____

Local tax 1% or as specified on the front of this form (2) _____

Tax Liability to other state (3) _____

PA Income Tax (line 1 x PA Income Tax rate for year being reported) (4) _____

CREDIT to be used against Local Tax

(Line 3 minus line 4) On line 11d, enter this amount

or the amount on the line 2 of worksheet, whichever is less. (If less than zero, enter zero) (5) _____

COPIES OF THE CITY OF BETHLEHEM RULES AND REGULATIONS AND DISCLOSURE STATEMENT ARE AVAILABLE FROM THE TAX BUREAU. CALL (610) 865-7022 TO REQUEST A COPY.